

APPLICATION FOR AN AREA VARIANCE**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**Application # **V**

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APPLICANT: _____

COMPANY: _____

MAILING
ADDRESS: _____

PHONE: _____

(OFFICE USE ONLY)

Date of Receipt of Appeal:		
Date of Public Hearing:		
Application Fee:	<input type="text"/>	Ck #
Escrow Fee:	<input type="text"/>	Ck #
Date Mailed to County:		
Date Given to ZBA Members:		
Date of ZBA Decision:		
Date Decision Filed with Town Clerk:		

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

NAME OF PROPERTY OWNER (if different than applicant):

APPEAL CONCERNS PROPERTY AT THE FOLLOWING ADDRESS: (must be full street address)

TAX GRID NUMBER: #06

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ZONING DISTRICT: _____ Date Applicant Acquired Property: _____

THE APPLICANT'S APPEAL, AS PERMITTED BY STATE LAW, CONCERNS THE FOLLOWING:

_____ REFERRAL FROM TOWN OF FISHKILL PLANNING BOARD (ATTACH TO APPLICATION)

_____ DENIAL OF AN APPLICATION FOR A BUILDING PERMIT (ATTACH TO APPLICATION)

_____ INTERPRETATION OF TOWN CODE: _____

FOR THE PROPOSED ACTIVITY: _____

DENIAL WAS MADE BECAUSE OF A VIOLATION OR CONFLICT WITH THE ZONING CODE(S): _____

DATE OF ZONING ENFORCEMENT OFFICER'S DECISION: _____

STATE THE AREA VARIANCE(S) YOU ARE REQUESTING: _____

STATE THE REASON YOU ARE APPLYING FOR THE VARIANCE(S): _____

DESCRIBE THE CHARACTER OF THE NEIGHBORHOOD: _____

Is property within 500 feet of any of the following?

- _____ Village of Fishkill, _____ Town of Wappinger, _____ Town of East Fishkill,
- _____ City of Beacon _____ I - 84, _____ State or County Rd (Route 9, 52, DC-36, DC-34 etc...)
- _____ existing or proposed county or state park or other recreation area,
- _____ Right - of - way of any existing or proposed county or state parkway,
- _____ existing or proposed right - of - way of any stream,
- _____ drainage channel lines owned by the county or for which the county has established channel lines,
- _____ existing or proposed boundary of any county or state owned land on which a public building or institution is located.

Application Check List:

Need One (1) Original and 12 Copies of the Following

- _____ Application (Complete with professional drawings and plot plans)
- _____ Denial Letter for Building Permit (or Referral Letter from Planning Board)
- _____ Owners consent letter (if necessary)

- _____ Check made to the Town of Fishkill for the Application Fee
- _____ Check made to the Town of Fishkill for the Escrow Deposit

Applicant's
Signature: _____

Date: _____